

<b>Case Number:</b>	CM14-0014288		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 30 year-old female with a 7/5/13 date of injury. She has been diagnosed with right knee internal derangement. According to the 1/6/14 orthopedic report from [REDACTED], the patient presents with 9/10 constant right knee pain that is not responding to conservative treatment including PT. The plan was for right knee arthroscopy for displaced meniscal tears as well as for medication refills including Voltaren XR 100mg, qd, #30, and topical medications including ketoprofen, flurbiprofen, gabaentin, ketamine, capsaicin. On 11/17/14 UR recommended against the Voltaren tablets and the various topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**VOLTRAN XR 100MG #30, FLURBIPROFEN 20% GEL, KETOPROFEN 20%, KETAMINE 10% GEL, GABAPENTIN 10%, CYCLOBENZAPRINE 10%, CAPSAICIN 0.0375%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER 8 - PHYSICAL MEDICINE, 113

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** According to the 1/6/14 orthopedic report from [REDACTED], the patient presents with 9/10 constant right knee pain that is not responding to conservative treatment including PT. [REDACTED] is recommending surgery, and in the meantime recommended continuing Voltaren and topical creams. This IMR is for review of Voltaren XR 100mg #30 tablets and topical Flurbiprofen 20% gel, ketoprofen 20% gel, ketamine 10% gel, gabapentin 10%, cyclobenzaprine 10% and capsaicin 0.0375%. The various medications have been combined into one IMR review, and per IMR policy, partial certification or modification of the request is not allowed. Therefore if any part of the request is not in accordance with MTUS guidelines, the whole request is not able to be approved. This is unfortunate, since Voltaren XR 100mg tablets may be indicated for osteoarthritis of the knees, which was described by [REDACTED]. However, the request includes topical ketamine, topical ketoprofen, topical gabapentin, and topical cyclobenzaprine all of which MTUS specifically states are not recommended. The whole request as written is not in accordance with MTUS guidelines. Therefore, the request of Voltaren XR 100mg #30, Flurbiprofen 20% Gel, Ketoprofen 20%, Ketamine 10% Gel, Gabapentin 10%, Cyclobenzaprine 10%, and Capsaicin 0.0375% is not medically necessary and appropriate .